

**Partial Reimbursement for Safety Equipment Purchases**  
**California Groundfish Disaster Response Program**

**Application Form #1**

**Name of Vessel Owner :**

(or Name of Association Representative)

**Name of Vessel:**

(or Association)

**Mailing Address:**

**Phone Number:**

**State Vessel Registration #:**

(or Federal Groundfish Limited Entry Permit #; or Coast Guard Documentation #)

Equipment and Supply Purchases

Individuals or associations: Fill in the information requested below for each type of equipment and supply purchased. ATTACH RECEIPTS FOR EACH PURCHASE AND SUBMIT WITH FORM.

Item (specify)	No. of Items	Total Amount	Date of Purchase

**Certification**

By signing below, I certify that the above items were purchased for the purpose of meeting U.S. Coast Guard safety regulations; I affirm that I will facilitate and cooperate with any request to place a federal or state fishery observer on my vessel; and I verify that the vessel is fully compliant with U.S. Coast Guard safety regulations (Safety Inspection certificate attached). In accepting payment, I agree to repay any amounts received, plus court costs and attorneys fees, in the event of noncompliance with the terms and conditions of this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Associations must complete Form #2)